

The BARS

BRITISH
ASSOCIATION
OF
RETINAL
SCREENING

Chronicle

**FEATURING
BARS CONFERENCE
GUEST SPEAKER**

Jade Byrne a.k.a
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Pricks



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JADE BYRNE

BARS CONFERENCE GUEST SPEAKER

Hello, I'm Jade Byrne a.k.a Pricks. I'm an Actor and Writer and I've appeared in a number of prime time TV shows in the UK. I am a successful Children's Book Author and I've had an extensive reach and success with my first book Daisy Donald about a little girl who has Type 1 Diabetes, which makes her a superhero in her own right. The book is one of Etsy's bestsellers. The book raises money for Type 1 Diabetes Charity JDRF UK for which I am a "Celebrity" Ambassador, I do not see myself as a celebrity, just to be clear. I'm also an Ambassador for Insulet and Dexcom. My Type 1 Diabetes advocacy work is something that is extremely important to me and I try to continue to educate people in very entertaining ways.



I've been known in the Type 1 Diabetes world since 2018 where I first came to everyone's attention with my own theatre show, Pricks. Pricks has toured extensively ever since. It originally won over audiences at Pleasance Courtyard in Edinburgh, where it was a sell out and has since sold out all over the UK. Pricks takes the audience on a journey through my life with Type 1 Diabetes, it's a warmly engaging story about family, relationships and the ups and downs of living with a misunderstood autoimmune condition. It was named Best Solo Show in the North East by the British Theatre Guide in 2018.

I also own the Etsy shop Pricks Products, selling an array of Type 1 Diabetes merchandise, which all began with a Little Bag of Pricks, and has since grown to include t-shirts, mugs, hoodies and many more items.

I continue to advocate for Type 1 Diabetes through writing, performances and my social media channels @PricksOfficial and I hope to one day heal the world's ignorance on what Type 1 Diabetes actually is.



REVIEW

The National Diabetic Eye Screening Conference at the Royal Society of Medicine: The Good, The Bad and The Ugly

8th April 2022

Dr Elizabeth Wilkinson, BARS president

Peter Scanlon, National Clinic Director for DESP, joked that he must be the 'Ugly' but there was nothing ugly about this conference ably organised by Miss Evie Mensah. Prof Anne Mackie has moved roles but Deborah Tomalin who has responsibility for Screening at NHS England and Improvement (NHSEI) as part of her many responsibilities engaged the audience on the many benefits of the move from Public Health England to become more integrated into NHSEI.

Jonathan Valabhji, who is the NHSE Diabetes Clinical Director, was a welcome returning speaker who had lots of fantastic data to share on his work using face to face and digital support to help people improve their diabetes.

This was followed by Adel Pinnock, Public Health Practitioner, Mr Douglas Twenefour, Deputy Head of Care, Diabetes UK and Dr Joan St John, GP with a Special Interest in Diabetes, who presented fascinating work on engaging people in dietary change. Including an amazing booklet which explained clearly and visually the carb content of a wide range of foods that would be commonly cooked in many different cultural settings.

The final sessions were led by Samantha Mann and Helen Cook, both Consultant Ophthalmologists showing what had happened during Covid and the way forward for diabetic eye care within hospital eye services in the future.

EVENTS

The 20th Annual BARS Conference
22nd - 23rd September 2022
Crown Plaza Hotel, Newcastle

International Conference on Ophthalmology and Optometry
22nd-23rd September
(Virtual) London

British Emergency Eye Care Society Annual Meeting 2022
23rd September
The Royal Society of Medicine, London

World Congress on Ophthalmology & Optometry
3rd-4th October
Radisson Hotel & Conference Centre, Heathrow London

Ophthalmology Conference
3rd- 4th October
Radisson Hotel & Conference Centre, London Heathrow

World Congress on Eye and Vision
11th-12th October
Osaka, Unit R16 Riverside Mall Level, Reading

UK and Éire Glaucoma Society
19th-20th October
IET: Austin Court, Birmingham

International Conference on Ophthalmology
20th-21st October
(Virtual) London

International Conference on Management of Ophthalmological Surgery and Ophthalmology
8th-9th December
(Virtual) London

The Royal College of Ophthalmologists Annual Congress
23rd-26th May
Scottish Event Campus, Glasgow

EAsDEC (European Association for Diabetic Eye Complications) Conference 2022
26th-27th May
Grand Central Hotel, Belfast

Meeting of the European Neuro-Ophthalmological Society - EUNOS 2022
20th-23rd June
University of Birmingham, Birmingham

International Conference on Clinical and Experimental Ophthalmology
28th June-29th June
Virtual

Belfast Eye Conference
2nd-3rd July
Queens University, Belfast

Oxford Ophthalmological Congress
4th-6th July
New Theatre, Oxford

International Conference on Clinical Ophthalmology and Eye Diseases
25th-26th July
(Virtual) London

International Conference on Ophthalmology, Optometry and Eye Care
27th-28th June
Westwind Management Solutions, London

Cambridge Ophthalmological Symposium 2022
7th-9th September
St John's College, Cambridge

Inherited Retinal Diseases - Bench, Beside & Beyond
14th September
The RCO, London

2022

Explaining clinical trials in ophthalmology

By Richard Bell -BARS Co-chair & Webmaster

**Newcastle Eye Centre
Newcastle upon Tyne Hospitals NHS FT**

I am often asked what is involved in ophthalmic research and the different clinical trials that we undertake, with that I thought I would write a small brief article explaining what is involved and give an example of a trial we are currently trialling.

Clinical trials are research studies and are conducted carefully to help answer specific questions in medicine usually involving volunteers. They are a safe and fast way to determine whether a new drug or device is safe and effective to use and improve health.

All trials follow a protocol which must be strictly adhered to.

A protocol describes the type(s) of patient(s) required (eligibility criteria), the schedule of tests and procedures, the drug(s) involved (including dosage), the length of the study and what researchers are hoping to learn from the study.



Clinical trials involve many people including the sponsor(s) (drug/equipment company), principle investigator – PI (Consultant), study co-ordinator, research nurses, ophthalmic photography research co-ordinator (that's me), photographers, optometrists/orthoptists, and pharmacy and lab assistants. Everyone involved must obtain a Good Clinical Practice (GCP) certificate from the National Institute for Health Research (NIHR) and participate in training videos/meetings before being allowed to undertake any involvement within a clinical trial.

As a photographer, it is usually a requirement that we have to get certified with a reading centre (the place where the images are uploaded to) before being allowed to take images. This is to determine whether we can follow strict guidelines on the types of images required, sometimes we have to get our camera equipment verified too.

As you can see there is a lot of involvement and time required for the trials but they can be very rewarding when a new drug or piece of equipment gives positive results. All trials involving a new drug or piece of equipment carries clinical risks. These are fully explained to the patients before they decide whether to take part in the trial. If they do, then consent is obtained and signed for.

One of the trials I am currently involved with is a drug related trial for patients with diabetic macular oedema called 'Rhine – Rhone X'. This trial involves type 1 and/or 2 diabetics with macular thickening secondary to diabetic macular oedema. It is an intravitreal injection trial with a drug used to block VEGF and Angiopoietin-2 (protein) to reduce macular thickening. The patients came every month for injections for two years and then went on to the follow on part of the trial which is an extension. Many trials usually extend from the initial timeframe. This study was for 2 years with an extension for a further 2 years. During the extension part, the patient does not have to come every month as the time between the injections are reduced.

We have two patients involved in this trial which is a randomised Double-Masked (means neither the PI nor subjects knowing which drug is the control type) Active-Comparator study and involved the patients having their visions recorded followed by 2 types of OCT scans before been seen by the PI. During this trial colour fundus was performed and FFA at certain time frames to monitor any variations. Below are the OCT scans and colour fundus from one of the patients which shows the success of this drug.

Figure 1 – the OCT at screening which shows macular thickening secondary to DMO

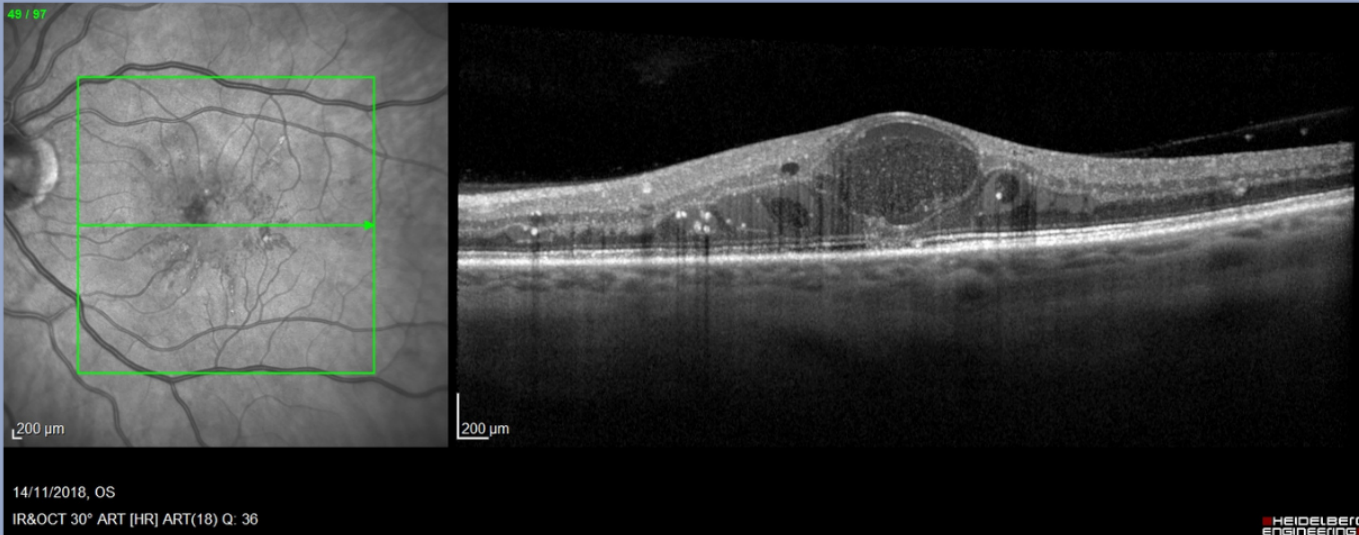
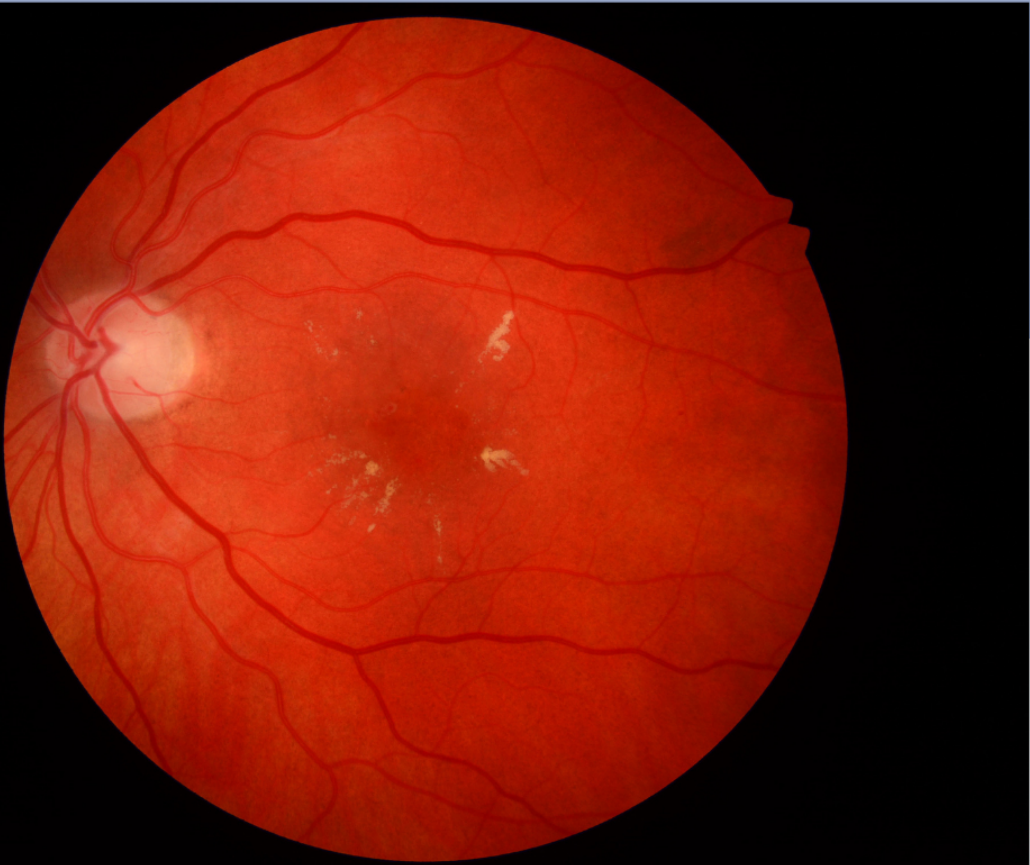


Figure 2 – the colour fundus at screening showing exudate and MA's



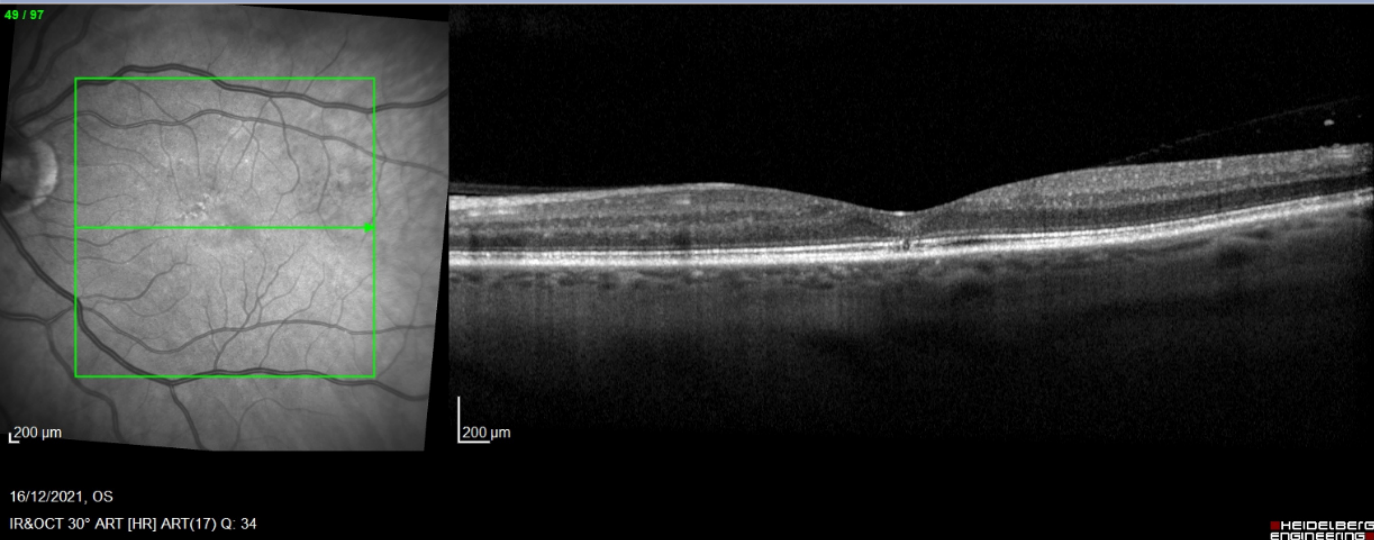
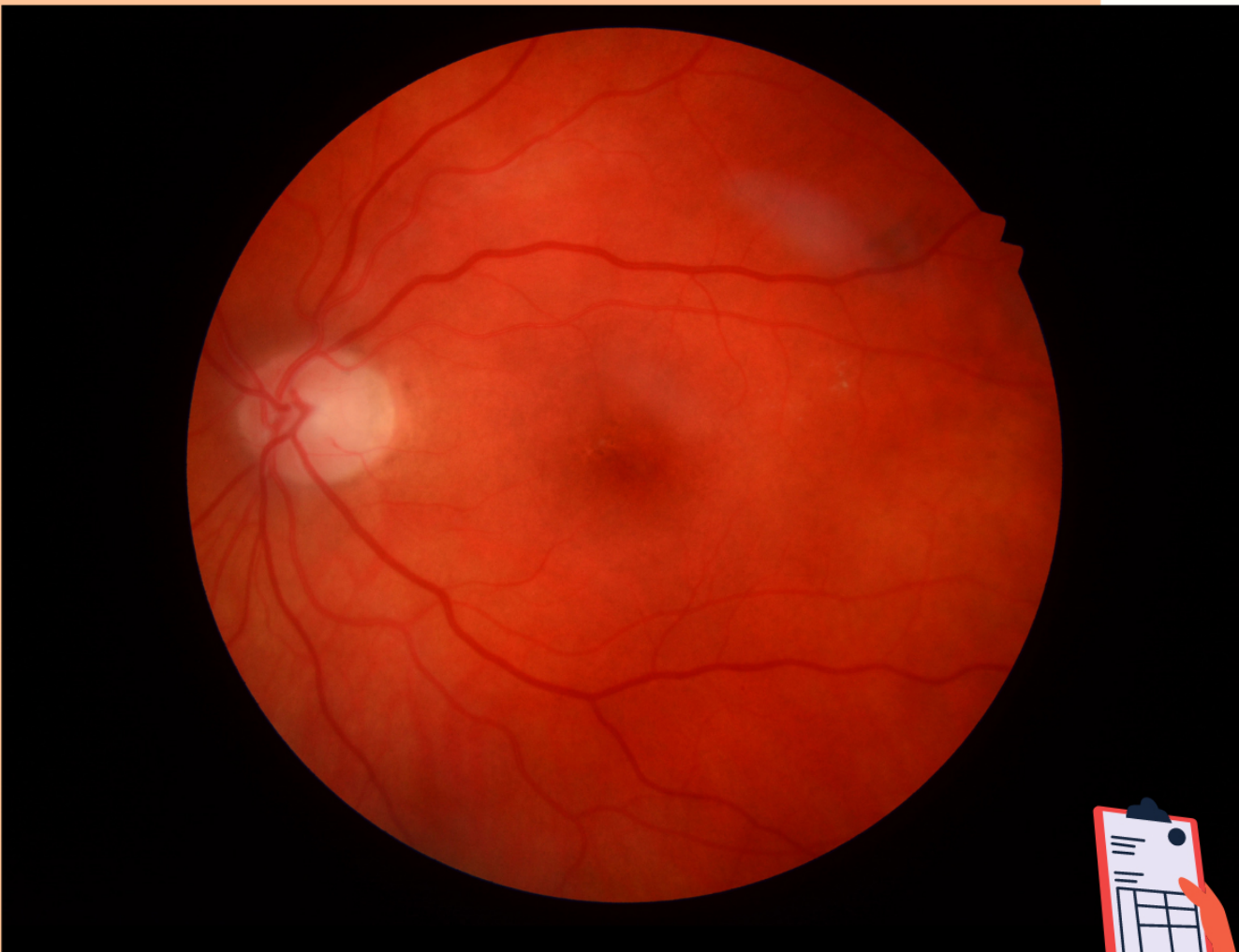


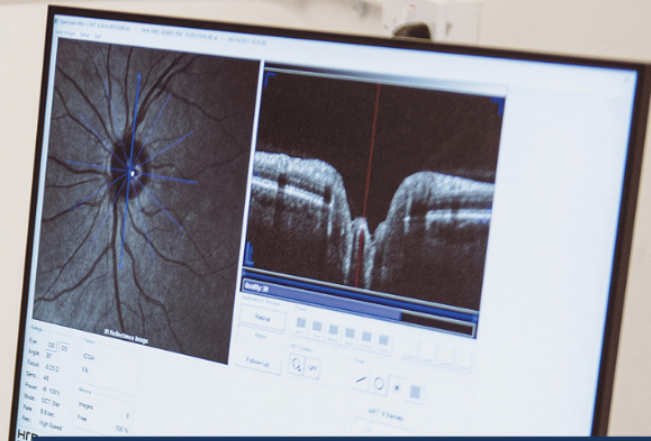
Figure 3 – the OCT during the follow on extension part with no macular thickening

Figure 4 – the colour fundus during the follow on extension part with no exudate or MA's



I hope this has given you a brief insight to what is involved in clinical trials and if you require any more information, then please email me at: chair@eyescreening.org.uk





Do you want to increase your knowledge and skills in OCT Interpretation and OCT in Digital Surveillance clinics?

Gloucestershire Retinal Education Group (GREG) offer the following online courses, designed for students to complete alongside their other commitments, with access to resources 24/7.

OCT INTERPRETATION MODULES

- Diabetic Retinopathy
- Retinal Vascular & Uveitis
- AMD, CSR, VR & Choroidal Conditions
- Glaucoma
- OCT-Angiography
- Paediatrics and Inherited Conditions
- Neuro-Ophthalmology

OCT IN DIGITAL SURVEILLANCE

OPHTHALMIC SPECIALTY COURSES

- Glaucoma, AMD, Papilloedema and Common Vitreoretinal Conditions

NEW COURSES ARE ADDED REGULARLY.

WEBSITE: www.gregcourses.com
EMAIL: ghn-tr.dradministrator@nhs.net

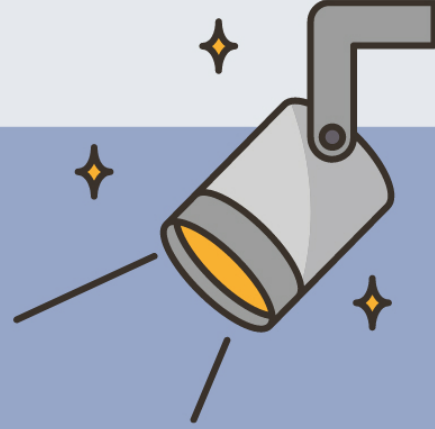


BARS 2022
NEWCASTLE
22ND-23RD SEPTEMBER

SPOTLIGHT

On the East Sussex Diabetic Eye Screening Programme

by Emma Payne, Programme Manager



Health Equity - patients with learning disabilities and/or autism

Adults with learning disabilities are 10 times more likely to experience sight loss than other people and are far more likely to experience health inequalities.

We wanted to improve their experience of screening and encourage attendance.

Where did we start?

We asked GPs to provide details of their diabetic patients with a learning disability. Our Trusts learning disability nurses cross referenced this against their database, giving us a comprehensive list of patients, their level of disability and whether additional support was required to attend screening. This information was added onto patient records along with a tag which allows admin to easily find patients. Patients or carers are then contacted to discuss the appointment and agree any requirements including whether easy read information is required. A copy of the patient's healthcare passport is also requested.

We also contacted a local initiative with representatives from the LD partnership board, people with LD or autism and their carers asking them to review our easy read clinic information, this resulted in us including their feedback in our leaflets. We have since asked them to review some of the national letter templates to see how they could be interpreted into an easy read format and are looking forward to their comments.

We are now seeing positive results from our work – we had a patient who was reluctant to leave the car. Our screener reviewed her healthcare passport, went to the car and chatted with her about some of her favourite things, the patient relaxed and agreed to screening. After screening the patient asked if she could have her sticker now. At this point we did not have stickers at our clinics, but our screener was able to find one from another department. The patient was overjoyed by this, and we realised that if we had simply been able to tell her at the beginning that she would be able to choose a sticker she probably would have cooperated from the start – we now have a note on her record and a supply of stickers at all clinics.



What have we learnt?

Information is power - by having access to specific personal information about patients and discussing their needs in advance we have been able to shape their appointments accordingly. Yes, it takes a lot more time and resources to put everything into place, but it is very rewarding to have successful screening encounters and happy patients.

Recognition

We have had some very positive feedback from patients and carers and have also received a letter from NHSE/I South East Head of Public Health, who has recently contacted our Trusts Chief Executive to highlight the work we have been doing on health inequality.

Written by Emma Payne, Programme Manager and with thanks to all the team at East Sussex DESP

INTERESTING IMAGES

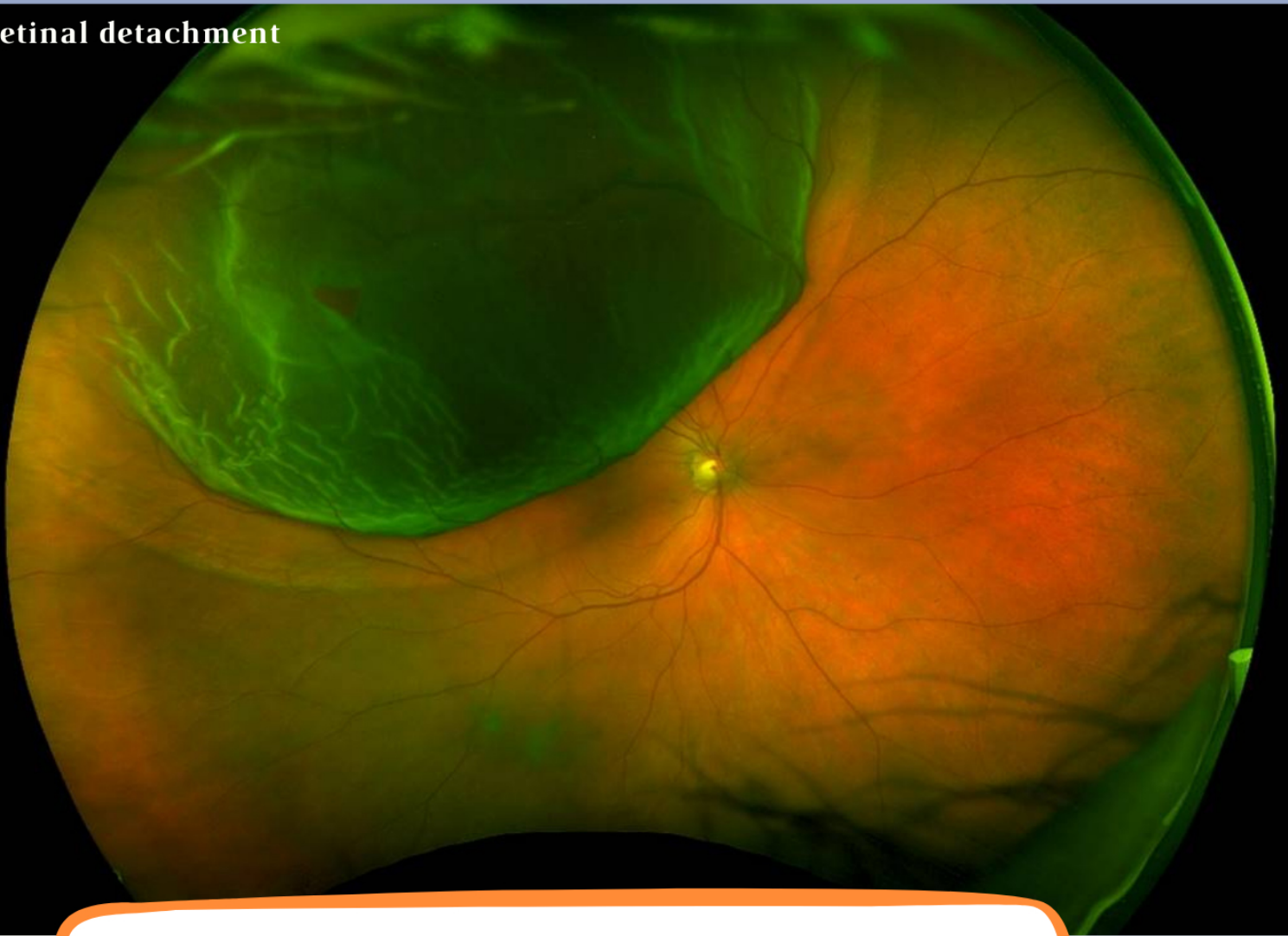
'Detachments'

Choroidal detachment



Serous choroidal detachments usually happen post-operatively. Serous means fluid filled, there are also haemorrhagic choroidal detachments (blood filled). Serous detachments usually occur due to very low intra-ocular pressure following surgery, although they also occur spontaneously.

Retinal detachment



Rhegmatogenous retinal detachment is the most common form of retinal detachments. There are also exudative retinal detachments. RRD occur when a tear in the retina causes the vitreous fluid to get in the space behind and pull the retinal tissue away from the underlying retinal pigment epithelium layer.



If there is a certain subject
you'd like us to cover please
contact us at:
chair@eyescreening.org.uk